STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	**11/17/2015**
NAME OF PROVIDER OR SUPPLIER **ROSECASTLE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **37411 EILAND BLVD** **ZEPHYRHILLS, FL 33542**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2015009726) was conducted at Rosecastle of Zephyrhills on 11/17/15